MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



Common Application Form For Resident Indians and NRIs/FIIs/FPIs (Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.) Distributor Name & ARN/ RIA No. Sub Broker Name & ARN/ RIA No. Sub Broker Code Employee Unique ID. No. (EUIN) Application No. E027739 **ARN-77875** Distributor Mobile No. Distributor Email Id EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9 I/we hereby confirm that the EUIN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii)) In case the subscription (lumpsum) amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150/- (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Existing Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.) Existing Folio No. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii) Name of First/Sole Applicant Mr. Ms. M/s. (as per PAN/ Aadhaar Card)# PAN / PEKRN (Mandatory) Date of Birth** AADHAR CKYC Card Number Number Name of the Second Applicant Ms. M/s (as per PAN/ Aadhaar Card)# PAN / PEKRN (Mandatory) Date of Birth* AADHAR CKYC Card Number Number Ms. M/s. Name of the Third Applicant (as per PAN/ Aadhaar Card)# PAN / PEKRN (Mandatory) Date of Birth* AADHAR CKYC Card Number Number Name of the Guardian (as per PAN/ Aadhaar Card)# (In case First / Sole Applicant is minor) Contact Person - Designation Mr. Ms. M/s. PAN / PEKRN (Mandatory) Date of Birth* CKYC Card Number Relationship of Guardian (Refer Instrcution No. 2(ii)) ISD CODE TEL: OFF. #The application is liable to get rejected if TEL: RESI does not match with PAN card/ Aadhar card Proof of the Relationship with Minor** ** Mandatory in case the First / Sole Applicant is Minor Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant) Flls ☐ NRI - NRO Resident Individual ☐ HUF ☐ Club / Society □ PIO Body Corporate Minor Government Body NRI - NRE Bank and FI Sole Proprietor Partnership Firm ☐ QFI Provident Fund Others Acknowledgement Slip (To be filled in by the Investor) Common Application Form Collection Centre / Application No. ABSLAMC Stamp & Signature

Aditya Birla Sun Life AMC Limited

Received from Mr. / Ms.

(Formerly known as Birla Sun Life Asset Management Company Limited)

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,

[Please Tick (✔)] Enclosed ☐ PAN/PEKRN Proof ☐ KYC Complied

841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811 Contact Us: 1800-270-7000

Date:

NECS Form ☐ Yes ☐ No

adityabirlacapital.com



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	For Individuals			For Non-Individual Investors (Companies, Trust, Partnership etc.)												
	I am I am Not Politically Related to Exposed Politically Person Exposed Person				(If No, please attac	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes										
	Sole/First Applicant					-	_				Yes	□No				
	Second Applicant				Gaming / Gamblin	g / Lotte	ry / Casino Services				Yes	□No				
	Third Applicant				Money Lending / F	Pawning					Yes	□No				
5.	DEMAT ACCOUNT DETAIL	S (OPTIONAL)	(Please ensure ti	hat the sequence	of names as mentioned in t	he applicati	on form matches with that of	the A/c. held with the	depository participant.)	Refer Instruction N	lo. 3(B)					
	NSDL: Depository Par	ticipant Nam	e:			PID No.:	I N	Bene	eficiary A/c No.							
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7.	FATCA & CRS INFORMAT	ON [Please tic	ck (√)] For Inc	dividuals & HUF	(Mandatory) Non Indi	vidual inv	estors should mandatori	ily fill separate FAT	CA detail form							
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	If Yes, please provide	the following	information [mandatory]	•		er than India? Yes									
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•	DECLADATION(S) & SIGNATURE(S)	/Defer Instruction

To,

The Trustee,

Aditya Birla Sun Life AMC Ltd.



Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

For Non-Individual Investors: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Aditya Birla Sun Life AMC Ltd. and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify ABSLAMC / ABSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

For NRIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.**

n No. 1)

I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (Investment Manager of Aditya Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.adityabir-lacapital.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

"I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

FATCA & CRS Declaration: I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)

Inst. No. 14)			
Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant	
			_

CONFIRMATION CLAUSE

i/ we nereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of
communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or
their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services.
I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with
any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. 🔲 Yes 🔲 No

VALUE ADD

 $I/We\ am/are\ interested\ in\ knowing\ my/our\ credit\ score\ and\ am/are\ happy\ to\ receive\ help\ in\ this\ regard.$

I / We hereby provide my consent to :-

- 1. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- 2. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. Yes

MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



Multi Scheme SIP Facility Application Form (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name &	Sub Broker Name & ARN/ RIA No.						Sub Broker Code					Employee Unique ID. No. (EUIN)				
ARN-77875												E027739				
EUIN is mandatory for "Execution	,						J L					L				
I/we hereby confirm that the E of the above distributor/sub broken															anager/sale	s person
First Applicant /	Authorised Signa	atory				Second Appli	cant						Third Appl	icant		
Transaction Charges for Ap	oplications routed t	through Dis	tributors/	/agents o	nly (Refer Instruction	n C-7)									
In case the subscription (lump other than first time mutual fund														estor) or ₹	100/- (for	· investor
Existing Investor Folio No.					Apı	plication No.							Date D D	O M M	YY	YY
FIRST / SOLE APPLICANT INFO	ORMATION (MANDATORY	Y)														
NAME OF FIRST / SOLE APPLICAT	Mr. Ms. M/s.	š.														
INVESTMENT DETAILS (Refer	Instruction B)														(*MANDA	ATORY)
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PLAN																
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Investments through NACH)	Step Up Frequency					Step Up Frequen					y		p Frequency:			1
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First Installment	Cheque Date			Chequ	ue No).				Amou	nt					
Drawn on Bank and Branch									I		-					
Use existing One Time Man	date (To be	e filled in cas	e of more	than one 0	TM re	egistration)										
Bank Name								A/c N	0.							
DECLARATION(S) & SIGN	ATURE(S)															
I/We hereby authorise Adii payments. I/We understan for compliance with any le payments referred above the not hold ABSLAMC/MF or undertake to keep sufficie overleaf. The ARN holder havarious Mutual Funds from "I / We acknowledge that harmless the AMC / MF agrand transferring of the afor For Micro SIP only: I hereby of March will result in aggregation."	d that the informa gan or regulatory re prough participatic their appointed s nt funds in the fur as disclosed to me amongst which th the RIA has entere ainst any regulator esaid information. declare that I do no declare that I do no	ntion provide equirement on in NACH, service provinding accous e/us all the le Scheme is ed into an a ry action, da "."	ed by me s. I/We h / Auto De viders or unt on the commiss s being regreemen image or	e/us may hereby delebit. If the represer he date of sions (in the ecommer his with the liability the Micro SII	be sl clare e traintation f exe the f nded ne AN nat the	hared with third to that the particu nsaction is delay ves responsible. Ecution of stand orm of trail com to me/us. MC / MF for accumely may suffer, in which together we which the great of the me/us.	parties ulars g red or r I/We ing ins missic epting ncur o	s for faci iven abo not effect will also struction on or any transact r become	litating ve are of sted at of inform . I/We other re tion fee	g transa correct all for r n, abou have re mode), eds und ct to in	action p and co easons at any ead and payabl der the conne	orocession omplete of inco change: d agreed e to hin code. I	ing through NAC and express my mplete or incorr is in my bank ac d to the terms a n for the differer / We hereby inc erewith or arisin	eH/ Auto I y/our willing ect information count im nd condith nt competed demnify, of g from sha	Debit Clea ngness to nation, I/N mediately cions men ting Scher defend an aring, disc	aring or o make We will v. I/We ationed mes of and hold closing
Name of	First Unit Hold	der		1	Vam	ne of Second	Unit	Holder				Na	me of Third	Unit Ho	der	
Name of First Unit Holder First Applicant						Second App	olicar	nt			Third Applicant					

(To be signed by All Applicants if mode of operation is Joint)

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DEBIT MANDATE-ONE TIME MANDATE / N	NACH / AUTO DEBIT [Applicable for Lumpsum Additional Po	urchases as well as SIP Registra	tions] Please attach a cancelled cheque/cheque copy.
			Date D D M M Y Y Y Y
(tick√)	UMRN		
CREATE Sponsor Bank Code	Office use only	Utility Code	Office use only
■ MODIFY ■ CANCEL I/We hereby authorize: ■ A	ADITYA BIRLA SUN LIFE MUTUAL FUND	to debit (tick √)	SB / CA / CC / SB-NRE / SB-NRO / Other
Bank A/c No.:			
With Bank: Bank Nar	me & Branch		OR MICR
an amount of Rupees			₹
FREQUENCY	☐ Half Yearly ☐ Yearly ☐ As & when preser	nted DEBIT TY	PE Fixed Amount
Reference 1 Folio No:		Mobile	
Reference 2 Appln No:	Email:		
PERIOD I agree for the debit of mandate	processing charges by the bank whom I am authorizing to	debit my account as per lates	st schedule of charges of bank.
From	1.00		7.00
to 3 1 1 2 2 0 9 9	1. Sign 2. Sign		3. Sign
or Until Cancelled	Name as in bank records (mandatory) Name	as in bank records (mandatory	Name as in bank records (mandatory)
Declaration: This is to confirm that the dec	claration has been carefully read, understood & made	•	, , , , , , , , , , , , , , , , , , , ,
account based on the instructions as agre	eed and signed by me. I have understood that I am a	uthorised to cancel/amer	nd this mandate by appropriately communicating
the cancellation/amendment request to	Aditya Birla Sun Life Mutual Fund or the bank where		
Acknowledgement Slip (To be filled in I	by the Investor) MULT	I SCHEME SIP FACILITY	APPLICATION FORM SIP (WITH MICRO SIP)
			Collection Centre /
Application No.			ABSLAMC Stamp & Signature
Received from Mr. / Ms		Date :/	<u></u>

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
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